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Bib Data Sheet

CONFIRMATION NO. 3384

SERIAL NUMBER 09/534,487	FILING DATE 03/24/2000 RULE	CLASS 424	GROUP ART UNIT 1632	ATTORNEY DOCKET NO. 114231.119
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APPLICANTS

Lola M. Reid, Chapel Hill, NC;

Maria Agelli, New Providence, NJ;
Andreas Ochs, Bronx, NY;

** CONTINUING DATA *****

This application is a CON of 09/115,920 07/15/1998 PAT 6,146,889
 which is a CON of 08/751,546 11/18/1996 PAT 5,789,246
 which is a DIV of 08/265,696 06/24/1994 PAT 5,576,207
 which is a CON of 07/741,128 08/07/1991 ABN

7W

** FOREIGN APPLICATIONS *****

iWone

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 05/24/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	NC	0	20	3
Verified and Acknowledged	Examiner's Signature <i>7W</i> Initials				

ADDRESS

27160
 KATTEN MUCHIN ZAVIS ROSENMAN
 525 WEST MONROE STREET
 CHICAGO, IL
 60661-3693

TITLE

Proliferation of hepatocyte precursors

 All Fees 1.16 Fees (Filing)

FILING FEE FEES: Authority has been given in Paper



Bib Data Sheet



UNITED STATES DEPARTMENT OF COMMERCE
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Address: COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

SERIAL NUMBER 09/534,487	FILING DATE 03/24/2000 RULE	CLASS 435	GROUP ART UNIT 1636	ATTORNEY DOCKET NO. 114231.119
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APPLICANTS

Leila M. Reid, Chapel Hill, NC ;
Maria Agelli, New Providence, NJ ;
Andreas Ochs, Bronx, NY ;

** CONTINUING DATA *****

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WHICH IS A CON OF 08/751,546 11/18/1996 PAT 5,789,246
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WHICH IS A CON OF 07/741,128 08/07/1991 ABN

(Allowed) 9W

** FOREIGN APPLICATIONS *****

None 9W

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
** 05/24/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
NC	-	20	3

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21269

TITLE

Proliferation of hepatocyte precursors

FILING FEE RECEIVED 345	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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